

Part 1: School Profile

1. School District Name			
2. School District Agreement Number			
3. School Name			
4. Physical School Address (No P.O. Boxes)	City	State KY	Zip

5. Grades Served by School:			
6. School enrollment from October 2009 :			
7. Percentage Free and Reduced from October 2009 :			
8. Ethnicity and Racial Identity of Enrollment (see #6) – complete both sections:			
<u>Ethnicity</u>	<u>Numbers</u>	<u>Racial Identity</u>	<u>Numbers</u>
Hispanic or Latino	_____	American Indian or Alaska Native	_____
Not Hispanic or		Asian	_____
Not Latino	_____	Black or African American	_____
Other	_____	Native Hawaiian or Other Pacific Islander	_____
		White	
9. Meals Offered (Check all that apply)			
		<input type="checkbox"/> National School Lunch Program	
		<input type="checkbox"/> School Breakfast Program	
		<input type="checkbox"/> After School Snack Program	

10. Name of Authorized Representative – person designated by the school district as ultimately responsible for all aspects of the National School Lunch Program			
11. Title			
12. Email Address and Telephone Number			
13. School District Mailing Address	City	State	Zip
		KY	
14. Name of Expenditure Report Contact – person responsible for submitting the monthly FFVP expenditure report to NHS			
15. Title			
16. Email Address and Telephone Number			

Kentucky Fresh Fruit and Vegetable Program (FFVP) Application School Year 2010-11

Part 2: Questionnaire

Please answer the following four questions.

1. Marketing and Means of Delivery to Students. How do you plan to widely publicize the availability of this program within the school? Describe how you plan to offer fresh fruits/vegetables to the students. How frequently will fruits/vegetables be offered? (3 x weekly minimum) Where and what times of the day will fruits/vegetables be served? (*Locations may include classrooms, cafeteria, hallways, etc.*)

2. Effective and Efficient Use of Resources. How will you use existing resources such as building space and storage equipment to implement this program? Will additional equipment such as carts, refrigerator units, etc. be needed?

3. Nutrition Education Activities. How will your school incorporate the Fresh Fruit and Vegetable Program (FFVP) into nutrition education activities and other existing school programs to promote good health? Discuss potential partners that may assist you with this program. (I.e. Health Departments, Cooperative Extension, grocery stores, food distributors, etc.) Must identify a minimum of one potential partnership.

4. Project Responsibilities. If your school is selected to participate in USDA's Fresh Fruit and Vegetable Program, describe how School Food Service personnel, School Board Members, Administrators, Teachers and Community members will help ensure this program is a success in your school.

**Kentucky Fresh Fruit and Vegetable Program (FFVP) Application
School Year 2010-11**

Part 3: Signature Page

We have reviewed this application and attest to the information provided. If selected, we agree to implement the project in a manner consistent with the policies and procedures established by USDA and NHS. Further, we agree to participate in USDA and/or State-sponsored trainings and evaluations, and to provide the information requested by the specified deadlines. Please provide the contacts listed below or equivalent positions as determined by the school.

Signatures: (All original signatures are required to be in ink.)

District

Nutrition Program Director

(Print Name)

(Signature)

Date

School Cafeteria Manager

(Print Name)

(Signature)

Date

School Principal

(Print Name)

(Signature)

Date

District Superintendant

(Print Name)

(Signature)

Date